## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham\* Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000084021 (3)

Corporation Name

STOKES INDUSTRIES, INC.





Suite 1 Ocean Ridge FL 33435		BOYNTON BCH FL : US	BOYNTON BCH FL 33425 US			3. Date Incorporated or Qualified	<b>3a.</b> Da	ate of La	st Report	
						3. Date Incorporated or Qualified 12/08/1993		03/31	st Report <b>I/1995</b>	
2. Principal Plac	ce of Business	2a. Mailing Address 26				4. FEI Number Applied For 85-04 16724 Not Applied ble				
Suite, Apt. #, etc.		Suite, Apt. #, etc	├—¬			5. Certificate of Status Desired				
City & State		City & State 28				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip 4	Country 25	Zip 29	30 Cat	Country		8. This corporation has liability for Florida Statutes				
4]	g. Name and Address of Cu		1301	Τ''-		10. Name and Address of New I		d Agent		
	<b>3.</b>			81	Name					
STOKES, DONALD R JR				82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
5003 OI Suite 1	ld Ocean Blvd. I			83						
	RIDGE FL 33435			84	City			. 85	Zip Code	
				-			F	L		
SIGNATURE _s	Signature typed or producting on of regulations  OFFICERS	ajelia orte Zapiliace — (5 BIAND DIRECTORS	.04r Boyele ■ 13.	I A <sub>d</sub> is	Chapter at they are	dizier en ergang. ADDITIONS/CHANGES TO OFF	DATE	ND DIRE	CTORS IN 12	
TITLE	DPST	DELETE	1 1		T	7,007,010,0114,420,10,07		Cra		
NAME	STOKES, DONALD R JF		121							
STREET ADDRESS	5003 OLD OCEAN BLVI	D., SUITE 1			ADORESS					
	OCEAN RIDGE FL 3343	5		1.4 C([Y+SF-ZiP						
CITY-ST-ZIP TITLE	FIDELETE		2.1		1 211			Change Addition		
NAME :				AMÉ	1					
STREET ADDRESS					ADDRESS					
CITY - ST-ZIP										
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CITY-ST-ZIP					51 - 7iP					
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STREET ADDRESS			435	STREET	LADORESS					
City-St-ZiF			44(	OTY S	ST ZIF					
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STREET ADDRESS CITY+ST-ZIP					T ADDRESS ST- Z P					

4. To hereby decrease in decourt if an information supplies voluntarily turnished and document and document and document and the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with any address.

SIGNATURE:

NO TYPED OR PHINTED NAME OF SIGNING OFFICER OF CHECTOR

Daytar e Prizre ≇